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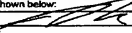
<b>TRANSMITTAL</b>	Docket No.:	XTAX-P001US1	Total Pages:	3
	Application No.: 10/608,664			
	Filing Date: 06/27/2003			
	First Named Inventor: Mark Albrecht			
	Art Unit: 3627			
Examiner Name:				

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																															
<p>1. <input type="checkbox"/> Response to</p> <p style="padding-left: 40px;"><input type="checkbox"/> After Final.</p> <p>2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____; accordingly the appropriate non-small-entity fee is (\$ _____.00).  <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ _____.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.  <input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____)  <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;"><u>Total Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> <td style="text-align: left;"><u>Multiple Dependent Claims</u></td> </tr> <tr> <td style="text-align: left;">_____ -20 or HP=</td> <td style="text-align: left;">_____ x</td> <td style="text-align: left;">25</td> <td style="text-align: left;">_____</td> <td style="text-align: left;">_____</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td style="text-align: left;">_____</td> </tr> <tr> <td style="text-align: left;"><u>Indep. Claims</u></td> <td style="text-align: left;"><u>Extra Claims</u></td> <td style="text-align: left;"><u>Fee (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> <td style="text-align: left;"><u>Fee Paid (\$)</u></td> </tr> <tr> <td style="text-align: left;">_____ -3 or HP=</td> <td style="text-align: left;">_____ x</td> <td style="text-align: left;">100</td> <td style="text-align: left;">_____</td> <td style="text-align: left;">_____</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> <td style="text-align: left;">_____</td> </tr> </table>			<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	_____ -20 or HP=	_____ x	25	_____	_____	HP = highest number of total claims paid for, if greater than 20				_____	<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee Paid (\$)</u>	_____ -3 or HP=	_____ x	100	_____	_____	HP = highest number of independent claims paid for, if greater than 3.				_____
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<p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (____). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input checked="" type="checkbox"/> Remarks: The Information Disclosure Statement herewith is being filed after three months of the filing date of this application but before the mailing date of the first Office Action on the merits. Accordingly, it is believed that no fees are due in connection with the filing of this Information Disclosure Statement.</p>																																

**TRANSMITTAL**

(Executed Attachment to Page 1)

**Page 2**

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name Anthony L. Miele	Date 11/16/06

Dated: 11/16/06

Respectfully submitted,

By: 

Anthony L. Miele, Attorney for Applicant(s)

Registration Number 34,393

Customer Number 000050048

Miele Law Group

2 Summer Street, Suite 306, Natick, MA 01760

Phone: 508-315-3677 Fax: 508-319-3001

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PTO/SB/05b (04-03)

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**EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with sent communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.571 and 1.98. The information is required to obtain or retain a benefit by the public which is not available to the applicant without the information. The information is to be used by the examiner to estimate the time and effort required to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this time should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22304-1450. Do not send FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22304-1450.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /F.A./